

**BROOKHAVEN NATIONAL LABORATORY
TRAVEL DATA**

(Please type or print)

Name _____ Social Sec. # _____

Permanent Address: _____

Telephone Number: _____

E-Mail Address: _____

Arrival Date _____ Plane ____ Train _____ Car ____

Point of Departure: _____
City State

(For those traveling by air):

Nearest Airport _____ Approx. Distance _____ Time _____
(from point of departure)

Window _____ Aisle _____

NOTE: Pre-reserved seat assignments will be made when offered by the airline.

Return Date _____ Plane ____ Train _____ Car ____

Point of Return _____
City State

(For those traveling by air):

Nearest Airport _____ Approx. Distance _____ Time _____
(if different from departure) (from point of return)

*Address to which ticket should be mailed

Telephone Number and Email (Required)

**Electronic tickets will be purchased whenever possible
Please provide email for confirmation of itinerary**